



ALAMEDA COUNTY
**COMMUNITY
FOOD BANK**

Food Stamp Promotion & Outreach Campaign

Request to Waive or Schedule Face to Face Interview To: Food Stamp Eligibility Worker

Enclosed is my application for the Food Stamp Program. Please consider the following requests for my face to face interview. Thank you.

☐ I would like to waive the face to face interview with my eligibility worker for the following reason(s):

- ☐ Elderly (60 years of age or older)
☐ Disabled (Describe: _____)
☐ Other hardship (Describe: _____)

I am unable to appoint an authorized representative to act on my behalf at this time.

I can be contacted at (____) _____.

Signed: _____

☐ I would like to submit my preferred date(s) and time(s) for my face to face interview for the following reason(s):

Reason:

- ☐ Medical reasons
☐ Caretaker for ill family member
☐ Lack access to transportation
☐ Drop off/pick up children at school
☐ Attend school
☐ Inflexible work schedule
☐ No access to childcare
☐ Other _____

Preferred time(s): Mornings (AM) Afternoons (PM)

Monday Tuesday Wednesday Thursday Friday

Date: _____



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